



July 1, 2008

Minutes approved Aug. 12, 2008

Our Vision: *Healthcare for all Oregonians will be safe.*

Our Mission: *To improve patient safety by reducing the risk of serious adverse events occurring in Oregon's healthcare system and by encouraging a culture of patient safety in Oregon.*

Commission Members Present: Joyce DeMonnin, Bruce Johnson, Roy Magnusson, Sue Nelson, Glenn Rodriguez, Dave Widen, Joel Young (designee for Grant Higginson).

Excused: Nancy Chi, Grant Higginson, Susan King, Gloria Larson, Jim Martin, Lewis McCoy, Brett Sheppard.

Staff: Jim Dameron, Linda Goertz, Amy Gryziec, Leslie Ray, Dana Selover.

Also Present: Geoff McCarthy, Richard Rouse, Diane Waldo, Carlton Washington.

- 1) Call to Order: Meeting was called to order at 12:35 by Joyce DeMonnin (in her capacity as vice-chair) with a quorum present. Members and visitors introduced themselves.
- 2) Commissioner Updates:
 - a) Joyce noted that the Patient Safety Commission and the Quality Corp will be joining AARP on July 29 for an educational forum that will share patient education training materials with a "test audience" of AARP staff, families and invited guests.
 - b) Leslie has put out a new alert based on a retained object in a laparoscopic surgery. Another bulletin is forthcoming.
- 3) Minutes: It was moved and seconded to accept the May 20 meeting minutes as written; the motion passed unanimously.
- 4) Nomination Subcommittee Report: Glenn reported on the subcommittee work and requested input from Commissioners, including a focus on skill sets needed. Currently four Board positions are open: Insurer, Nurse, Consumer, and University Faculty. Roy volunteered to check with the Center for Evidence-Based Medicine at OHSU about possible faculty nominees. It was also suggested that a university faculty member with marketing expertise might be appropriate. Joel commented that a Commissioner with some experience in fundraising / expanding funding bases would be useful. Glenn noted that diversity of background, opinions, experience are also important. After the subcommittee completes its work, the Commission will submit suggestions to the Governor's office, which will make the actual appointments. Recommendations from the Commission are requested by early August. Commissioner input and suggestions should be forwarded to Glenn.
- 5) Election of New Officers: The Chair and Vice Chair serve for one year terms. Those positions are up. Lewis McCoy decided not to seek re-appointment as chair because of changing work demands. However he would like to remain a board member. The Executive Team submitted a proposed slate of Joyce DeMonnin as Chair and Sue Nelson as Vice-Chair. The Exec Team also proposed adding an "at-large" member to its ranks. The Exec Team then nominated Glenn Rodriguez as the first At-Large member. Lewis will continue in the

Executive Team as Past Chair. Jim Martin has agreed to continue as Treasurer position, which is an appointed position. It was moved and seconded to accept each of these recommendations; the motion passed unanimously. The exec team now consists of Chair, vice-chair, treasurer, immediate past chair, at-large member, and administrator.

6) Working with Regulatory Boards:

a) Jim has been talking with the Board of Nursing to explore common interests in improving patient safety. There is nothing definitive yet, but the Board of Nursing may consider looking at its closed cases (stripped of identifying information) to see if they could be used as a data source to show patterns or systemic issues. Sue Nelson also suggested a simple review of Board of Nursing actions; other possibilities include joint educational projects. Commissioners expressed interest and support for these initiatives.

b) Pharmacies:

i) Jim and Dave Widen have been talking with the Board of Pharmacy about possible incentives for improving pharmacy reporting; the NASA model for reporting was one suggestion. The key idea would be for the Commission to issue a “receipt” for each report received. This receipt would be an indication of good faith participation and might be used by the Board as a “mitigating factor.” However the Department of Justice has offered an initial opinion that such a receipt might violate the “firewall.” Staff will continue to explore this option.

ii) Jim is also talking with the Institute for Safe Medication Practices (ISMP), looking for ways to partner and offer their expertise to participants.

iii) We continue our efforts to recruit pharmacies, including a recent meeting with the National Association of Chain Drugstores.

7) Revamping Board Meetings: We are looking at ways to continue and increase the Board’s effectiveness. Jim posed several questions: What do we do well / could do better? Are there needs for restructuring? Commissioners expressed a desire to meet frequently enough to maintain efficiency, continuity and good working relationships. Joel asked if we need to make changes that support specific tasks and challenges that remain – such as bringing in expertise to help us find ways to expand funding base, or to reach out to consumers. Glenn raised the question, What do we expect of Commissioners beyond attending meetings? Should we have standing committees that tackle specific needs? And does our meeting style exclude portions of the state; should we explore videoconferencing? Joyce suggests that we should have a more formal, planned orientation for new Commissioners. What about including non-Commissioners to be community partners in committee work? Jim highlighted two areas that need action – funding and North Star – that could help us move forward. Also, how do we expand our outreach – should we have meetings around the state? How do we each hold the Commission responsible for what it is designed to do and how does each Commissioner walk the walk between meetings? Glenn also noted the importance of our strategic planning retreats. Several Commissioners suggested we find a meeting place hosted by a hospital or nursing home or community venue in another area of the state. This could increase public awareness in that region. Dana asked if we have some standing committees that require time commitments for Commissioners and staff, should we reduce frequency of the regular meetings somewhat? **Action Item:** The Executive Team will

continue this discussion and suggest next steps. Commissioners agreed to task Jim and the Executive Team with crafting a budget/funding committee and/or other needed standing groups; Joel suggested an external chair for the funding group. Joyce suggested names of possible community members to be approached: Greg Chaillet of Oregon Community Foundation; local philanthropist Joyce Furman; Thomas Aschenbrenner of Northwest Health Foundation. Please share further suggestions with Jim.

8) Legislative Concepts for 2009:

- a) Jim was invited to present to the Senate Health & Human Services Committee, chaired by Senator Monnes-Anderson, a few weeks ago. His presentation was well-received. One of the issues was the “sunset” of the Commission currently in statute; the committee suggested this sunset should be eliminated and proposed to offer legislation to that effect. One committee member suggested an expansion of our mandate, such as to community-based residential care or assisted living facilities.
- b) With the goal of assuring long-term financial stability with both public and private funding, the Commission’s legislative subcommittee agreed to focus on two primary legislative efforts:
 - i) Eliminate the sunset clause and designate the Commission as the primary patient safety organization in the state / central clearinghouse for patient safety data in Oregon. This would require other PSOs to report their data to us for analysis.
 - ii) We would like to ask for state contributions to funding the Commission and would like to present a bill to that effect; this might also include a request for a civil penalty or other legal remedy for organizations that do not pay the mandatory fees. (Roy suggested that the PSO-related request might be more properly tied to this proposed legislation than the sunset elimination.)
 - iii) Jim will be drafting language and will be meeting with the Governor’s office in July. The Commissioners will then have roles to play supporting this legislation, including individual contact with legislators to promote passage.

9) North Star: The Commission has been working with OAHHS and meeting with their quality director group to continue development of these measures. A matrix of proposed 2008 measures was presented; measures also are in formation for future years. Glenn led the group through the proposed measures. Comments:

- a) Patient safety culture surveys are probably not done annually. A better question might be have hospitals had a baseline survey within the past three years, and if so, which one?
- b) Geoff McCarthy suggested that patient/resident empowerment might also include metrics related to the “It’s OK to Ask” program, or asking patients whether they have been told about reporting patient safety concerns (a Joint Commission goal).
- c) Some of the ambulatory surgery measures are in development; data are not yet widely collected for all measures.
- d) Due to the complexity of the task, we may not be able to collect data for every single measure in year one. However the matrix provides an important overview by defining the critical areas for change.

- 10) Adverse Events: Leslie gave a general overview of the reporting program – about 30% of hospital participants have yet to submit a report of an adverse event. The Commission would like to find ways to assist participants in building their reporting capacity. How do we improve the “value-added” aspects? How do we improve and encourage engagement of senior hospital leadership? Could/should we develop a Board-level CEO advisory group? Joel expressed support and suggested this might be a time-limited endeavor. Glenn suggested inclusion of hospital board chairs as crucial. Question: do hospitals understand the role of the Commission? How do we share that information and encourage engagement? Jim noted that as the reporting programs for ambulatory surgery centers and nursing homes progress, we will need to address similar issues there as well. Geoff McCarthy inquired whether there is already an initiative around IHI’s “Boards on Board”? Glenn commented on the importance of direct feedback to hospitals on their strengths and weaknesses in the reporting program; such a formal report could be accompanied with a request to share with hospital boards. This is also an opportunity to connect hospital reporting numbers with the North Star goal. Is there too great a gap between quality managers and the CEOs? Should chief medical officers be included? Reaching out to board members is crucial. Leslie and Jim will continue to refine these suggestions.
- 11) Written Notification / Hospital Survey Results: Dana and Jim worked with partners from University of Washington and Harvard University on a survey about written notification. There continues to be significant resistance to written notification, though all hospitals say they do oral notification. Typical comments suggested that oral notification was sufficient or noted that physicians and hospitals are not in agreement on these policies. What do we do with this requirement, which is written in statute? Joel noted that it would be valuable if the experience of hospitals that *always* use written notification were shared with others – this is a potential educational bridge. Glenn asked if there was a route open for an opportunity where an interested research partner could approach patients and families to glean additional information; he recommends that we pursue publication. He also suggested that we provide more information to help hospitals learn how to do this better.
- 12) Adjournment: The meeting was adjourned at 3:28 p.m. The next meeting is scheduled for August 12, 2008.